## Authorization to Release Information

I, authorize the 0	City of San Diego Human Relations
Commission to release all information that said a	agency may possess regarding my
complaint of discrimination to (circle one) DFEH,	, HUD, San Diego Mediation Center,
law enforcement agencies, private attorney (Nar	ne:), or any other
agency which you have contacted about this issu	ue (Name:).
Signature	Date